101 Dyer Street Providence, RI 02903

Tel: (401) 273-4446 Fax: (401) 273-4447

Barlow, Josephs & Holmes, Ltd.

#41 Reg for Refund

01-02-02



То:	Refund Section		From:	Maria Ross, Bookkeeper				
	U.S. Patent and Trademark Office							
Fax No	o. (703) 308-5077			Pages:	2			
Date:	12/0	04/01						
Re:	Crisco Patent Application N. 09/974,566							
	Our Docket No. P00493-US1							
□ Urg	ent		□ Please Com	ment	X Please Reply	□ Please Recycle		
Trans	smitte ified	ed herewith is a copatent application	opy of the <u>Fee</u> on. Please not	Transm e that c	ittal for FY 2002 nour Deposit Acco	egarding the above- unt was incorrectly		

The application has 2 claims in excess of 20; therefore, the Deposit Account should have been charged \$18.00 as indicated on the Transmittal. Instead, our Deposit Account was charged \$84.00 for independent claims in excess of 3.

Please credit the following Deposit Account \$84.00 and then charge it \$18.00 for this

DEPOSIT ACCOUNT NUMBER 02-0900 BARLOW, JOSEPHS & HOLMES, LTD.

Your cooperation is greatly appreciated.

Sincerely,

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BARLOW, JOSEPHS & HOLMES, LTD.

Maria Ross, Bookkeeper

4012734447

PTO/SB/17 (/XXXX)
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FFF TRANSMITTAL	Complete if Known

FEE TRANSMI	TTAL.	Complete if Known				
for FY 2002		Application Number				
TOF F 1 200	4	Filing Date				
		First Named Inventor	Joseph J. Crisco, III	J. Crisco, III		
Patent fees are subject to annual re	vision.	Examiner Name				
		Group Art Unit				
TOTAL AMOUNT OF PAYMENT	\$388.00	Attorney Docket No.	P00493-USI			

		Auci	ney oc	CHEL				
METHOD OF PAYMENT		FEE CALCULATION (continued)						
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	3. A Large E		IONAI Smail É		ES			
Deposit Account 02-0900	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee	Descriptio	on .	Fee Paid
Number Deposit	105	130	205	65	Surcharge - late	•		
Account Barlow Josephs & Holmes	127	5 0	227	25	Surcharge - late sheet	e provisional	filing fee or cover	
Charge Any Additional Foe Required	139	130	139		Non - English s	•	eto roomamination	
Applicant claims small entity status.	112	2,520 920*	112	920*	Requesting put	For filing a request for ex parte reexamination Requesting publication of SIR prior to Examiner		
See 37 CFR § 1.27 2. Payment Enclosed:	113	1,840*	113 1	,840°	action Requesting publication of SIR after Examiner			
Money Date	115	110	215		action Extension for N	ealy within fire	st month	
FEE CALCULATION	116	400	216	200	Extension for re			
	117	920	217	460	Extension for re	eply within thi	ird month	
1. BASIC FILING FEE Large Entity Small Entity	118	1,440	218	720	Extension for re	aply within for	uth month	
Fee Fee Fee Fee Description	128	1,960	228	980	Extension for n	oply within fill	h month	
Code (\$) Code (\$) Fee Paid 101 740 201 370 Utility filing fee 370.00	119	320	219	160	Notice of Appe	al		
106 330 206 165 Design filing fee	120	320	220	160	Filing a brief in	support of an	appeal	
107 510 207 255 Plant fliling fee	121	280	221	140	Request for ora	al hearing		
108 740 208 370 Reissue filing fee	138	1,510	138	1,510		•	· -	
114 160 214 80 Provisional filing fee	140	110	240	55	Petition to raviv			
\$UBTOTAL (1) \$370.00	141	1,260	241	640	Petition to reviv		onal	
2. EXTRA CLAIM FEES	142	1,280	242	640	Utility Issue fee			
Fee from	143	480	243	230	Design issue fo			
Extra Claims below Fee Pald Total Claims 22 -20** 2 X 9.00 = 18.06	144	620	244	310	Plant issue (se Petitions to the Commissioner			
Independent 3 - 100 X = 0.00	122	130	122	130				
Ciains Multiple Dependent	123	50	123		Processing fee			
Large Entity Small Entity	126	180	126	180	Statement			
Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581	40	Recording cacl (times number		gnment per property)	
103 18 203 9 Ctaims in excess of 20	146	740	246	970	Filing a submis (37 CFR § 1.1	sion after lina 129(a))	al rejection	
102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid	149	740	249	370		onal invention	n to be examined	
109 84 209 42 ** Reissue independent claims	179	740	279	370	Request for Co	intinued Exam	, ,	
over original patent 110 18 210 9 ** Reissus claims in excess of 20		169 900 16		900	Request for ex- of a design app	edited examination Scation		
and over original patent	Oth	Other fee (specify)						
SUBTOTAL (2) 518.00						AI PAT (**	rai (0) [
™or number previously paid, if greater, For Relssues, see above	*Rec	*Reduced by Basic Filing Feo Pald SUBTOTAL (3)						
SUBMITTED BY						Complete (7 spolicobie)	
Name (Print/Type) David R. Josephs			ration No y/Agent)	`	34,632	Telephone	401-273-	4446
Signature Signature	<u>.</u>					Date	10/10/	2001

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